-									Application or Docket Number					
	PATENT	APPLICATIO Effect	10/753580											
			SMALI TYPE	EN		OR	OTHER SMALL							
TC	OTAL CLAIMS		w				1	RAT	Ε	FEE	1	RATE	FEE	
FC)R		NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGEA	BLE CLAIMS	უ _{minus 20=}		•			X\$ 9=			OR	X\$18=		
INC	EPENDENT CL	AIMS	minus 3 =		*			X43=			OR	X86=		
ML	ILTIPLE DEPEN	ESENT					+145=		·· - · · ·	OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L.		OR	TOTAL	TNU	
CLAIMS AS AMENDED - PART II										<u> </u>	•	OTHER		
		(Column 1)	1	(Colun			SMA		LL E	NTITY	OR I	SMALL		
AMENDMENT A	9-1-05	REMAINING AFTER AMENDMENT		NUMI PREVIC PAID I	BER DUSLY	PRESENT EXTRA	F	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 1	Minus	# 2	0	= //		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	 2	<u> </u>	=	ļ	X43=			OR	X86=		
L	FIRST PRESE	LTIPLE DEPENDENT		CLAIM			+145			OR	+290=			
1.4								TOT	AL			TOTAL		
		(Column 1)		P	ADDIT. F	EE L	•		ADDIT. FEE					
AMENDMENT B	CLAIMS REMAINING			(Colun	ST		Г			ADDI-	1		ADDI-	
	,	AFTER AMENDMENT		PREVIC PAID I	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**	rOn	=		X\$ 9=		ree_		X\$18=	1 6-6-	
	Independent	*	Minus	***		=	╽┠		\dashv		OR			
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=	-	•	OR	X86=		
								+145=	- [OR	+290=		
								TOT. DDIT: FI			OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	1	HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=	1		OR	X\$18=		
	Independent	*	Minus	***		=	ŀ	X43=	-+			X86=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740=	╂		OR	7003		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290=		
** If the entry in column 1 is less than the entry in column 2, write "U" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE		
		ber Previously Pai					r four	nd in the	аррі	opriate box	in col	umn 1.		